

Appendix A: Primary Data Sources

Overview

Data represented in this report were obtained from a variety of sources. The following provides a brief description of each data system. Analyses for this report were completed using Intercooled Stata 7.0 and SPSS 11.0. Some estimates were obtained from previously published reports.

Population Data

Population data are taken from Office of Financial Management (OFM), Forecasting Division, "Census 2000 Results for Washington", www.ofm.wa.gov/census2000/index.htm

Behavioral Risk Factor Surveillance System

The Behavioral Risk Factor Surveillance System (BRFSS) is a telephone survey that provides indicators of health risk behavior, health care use and access, preventive practices, and attitudes in the population. BRFSS was first implemented in Washington State in 1987, and is supported in part by the national Centers for Disease Control and Prevention.

BRFSS includes a sample of English-speaking adults in households with telephones, and may underestimate some health behaviors associated with non-English-speaking populations, transient populations, institutionalized persons, and military personnel in military housing. Because all data are self-reported, there may be some underestimation of risk factors that are seen as socially unacceptable.

For more information on Washington State BRFSS, go to: www.doh.wa.gov/brfss

For more information on national BRFSS, go to: www.cdc.gov/brfss

School Survey Data

Data to describe youth tobacco use were obtained from three surveys: 1) Washington State Survey of Adolescent Health Behaviors, Fall 2000 (WSSAHB); 2) Tobacco-related Adolescent Health Behavior Survey, Fall 2000 (TABS); and 3) Health Youth Survey Pilot, Fall 2001 (HYS). WSSAHB was a large survey (143 questions) dealing with a wide range of health-related issues (alcohol, tobacco, drug use) and contained information from 104,106 youth. TABS was a much smaller survey (45 questions) dealing primarily with tobacco issues and contained information from 20,348 youth. HYS was 85 questions, more in line with WSSAHB and contained information from 6,087 youth. Total participation for all three surveys was: 130,541.

All three surveys were anonymous self-administered questionnaires taken by students in public schools (with the exception of 35 6th-grade private school students in Yakima County) of 6th, 8th, 10th and 12th graders. State data were from the 2000 state sample. For some counties, more than one survey was used and data combined to give the best county estimate.

School-based surveys may underestimate risk behaviors associated with youth who drop out of school or do not attend school. Behaviors may be underestimated because they are self-reported by the youth on a questionnaire.

Birth Certificate System

The Birth Certificate System provides public health information about births and newborns, and establishes legal rights associated with birth, paternity, and adoption. The system includes all births in Washington, for residents and occurrences, back to 1907.

Information for the birth certificate comes from medical records as well as worksheets completed by the mother. Some health risk behaviors, including smoking during pregnancy, may be underreported due to growing social unacceptability of unhealthy behaviors during pregnancy. Where more than 20% of the smoking data were unavailable for any single year, the year's data are not reported.

Death Certificate System

The Death Certificate System provides public health information and establishes legal benefits. The system includes all deaths in Washington, for residents and occurrences, back to 1907. The system provides demographic information as well as the underlying cause and contributing causes of death. Cause of death is reported by the attending physician or the coroner/medical examiner. From 1980-1998, cause of death coding was performed by DOH nosologists using the International Classification of Disease, Ninth Revision (ICD-9), published by the World Health Organization.

Beginning in 1999, Washington State began using the ICD-10 classification system. The change to ICD-10 will create a discontinuity in trends that must be accounted for when comparing 1999-forward mortality with prior years. 1999-forward cause-of-death data are not comparable to prior years unless adjustments are made for coding and classification changes.

Caution is advised for analyzing certain population subgroups (e.g., race groups such as Native American) because the number of deaths may be underestimated due to misclassification.

Cancer Registry

The Washington State Cancer Registry (WSCR) was established to monitor the incidence of cancer with the goal of reducing, controlling and understanding cancer in Washington State. Cancer cases are reported from hospitals, pathology laboratories, radiation oncology centers, ambulatory surgical centers, cancer treatment centers, and physicians. Once the case is identified, an abstract of cancer information is completed within six months. WSCR conducts quality assurance activities both electronically and by visual review. Data files are transmitted from the contractors and reporting facilities to the state on a regular basis. For more information, see <http://www3.doh.wa.gov/wscr/default.htm>.